

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Parkhe et al.	Art Unit: 1716
Application No: 10/786,876	Examiner: Moore, Karla A.
Confirmation No: 1903	Attorney Docket No: 008850 USA/MDP/COPPER/SC
Filed: February 24, 2004	
Title: COATING FOR REDUCING CONTAMINATION OF SUBSTRATES DURING PROCESSING	August 4, 2010 San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b>		
	<input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136		
<b>Via EFS</b>  <input checked="" type="checkbox"/> Amendment Under 37 C.F.R. § 1.312 <input checked="" type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> PTO-SB/08 Form(s) <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> (2) Postcards for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
<b>Total \$ 0.00</b>			
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

<b>Fees for Extra Claims</b>						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	20	57	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	12	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
						<b>Total</b> <b>\$ 0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>
Extension Fee	\$0.00	<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fee for Extra Claim(s)	\$0.00	
<b>Total</b>	<b>\$0.00</b>	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: <b>Janah &amp; Associates, P.C.</b> 650 Delancey Street, Suite 106 San Francisco, CA 94107
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, via facsimile transmission to (571) 273-8300, or electronically submitted via EFS on the date shown below:		Respectfully Submitted,
By:  Melanie Hitchcock		By:  Ashok K. Janah Registration No. 37,487
		Date: <u>August 4, 2010</u>
		Date: <u>August 4, 2010</u>